

MAY 18 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

// County BUCHANAN
Township WASHINGTON
City ST. JOSEPH

Registration District No. 86
Primary Registration District No. 5127
(No. COUNTY INFIRMARY)

File No. 15826
Registered No. 29
St. _____ Ward _____

2. FULL NAME

ZACK JONES

(a) Residence, No. COUNTY INFIRMARY St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred UNK yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF WIDOWED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 6, 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
90 2 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. UNKNOWN

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN ILLINOIS

13. NAME UNKNOWN

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

15. MAIDEN NAME UNKNOWN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

17. INFORMANT (ADDRESS) COUNTY RECORDS,

18. BURIAL, CREMATION, OR REMOVAL PLACE CITY CEMETERY DATE APRIL 21, 1937

19. UNDERTAKER (ADDRESS) FLEEMAN & SON INC. 1946 COLHOUN ST. ST. JOSEPH, MO.

20. FILED April 21, 1937 B. H. T. Adcock Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 19, 1937 19

22. I HEREBY CERTIFY, That I attended deceased from April 15 1937 to April 17 1937.

I last saw him alive on April 17 1937. Death is said to have occurred on the date stated above, at 7:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation none Date of _____
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) Forrest Thomas M. D.

(Address) 713. Taron

